USEPA 290 BROADWAY

$$\rm NY,\,NY$$ NOTIFICATION OF DEMOLITION AND RENOVATION PAL JOB # 21-1109

| Operator Project # | Postmark | | Date Received | | Notif | Notification # | | | |
|---|----------|--------|---------------|--------------------|--|-------------------------|----------------------|-------------------|--|
| TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): R – Add Material, Waste Hauler & Landfill | | | | | | | | | |
| FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator): | | | | | | | | | |
| OWNER NAME: American Airlines | | | | | | | | | |
| Address: JFK Airport | | | | | | | | | |
| City: Jamaica | | | | State: NY | | | Zip: 11430 | | |
| Contact Name: David Richards | | | | | | Telephone: 718-487-6726 | | | |
| REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services | | | | | | | | | |
| Address: 11-02 Queens Plaza South | | | | | | | | | |
| City: Long Island City | | | | | | | | Zip: 11101 | |
| Contact Name: Aric Domozick | | | | | | | Telepho | one: 718-349-0900 | |
| OTHER CONTRACTOR: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | | State: | | | | Zip: | |
| Contact Name: | | | | | | Telephone: | | | |
| TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation: R | | | | | | | | | |
| IS ASBESTOS PRESENT? (YES NO) YES | | | | | | | | | |
| FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number) | | | | | | | | | |
| Building Name: JFK Airport | | | | | | | | | |
| Address: American Airlines Terminal 8 | | | | | | | | | |
| City: Jamaica | | | | State: NY | State: NY Zip: 11430 | | | 1430 | |
| Site Location: Terminal 8 | | | | | | | | | |
| Building Size: F | | | | # of Floo | | Age in Years: | | | |
| Present Use: Airport | | | | Prior Use: Airport | | | | | |
| Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM — Polarized Light Microscopy | | | | | | | | | |
| Approximate amount of asbes | stos | R. ACN | 1 | Non-I | Non-Friable Indicate Unit of Measureme | | | of Measurement | |
| Including | , | to be | | | Asbestos Material | | Below | | |
| Regulated ACM to be ren Category I ACM not remo | | remove | | not to be removed | | | | | |
| Category II ACM not rem | | | | CAT I | CAT II | | | UNIT | |
| | | | | | | | | | |
| Surface Area: Pipe Insulation | on | 48 | | | | Linear Fe | eet: X | Ln M: | |
| Surface Area: Tar Wrap | | 460 | | | | Square F | eet: X | Square Meter: | |
| Volume RACM off Facility Con | | | | | | Cu Ft: | | Cu M: | |
| Scheduled Dates Asbestos Removal (mm/dd./yy) | | | | Start: 09/13/2021 | | Complete | Complete: 09/01/2022 | | |
| Scheduled Dates Demo/Renovation (mm/dd./yy) | | | Start: | | Complete | Complete: | | | |

| DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED: | | | | | | | |
|--|-------------------|-----------------|-------------------------|--|--|--|--|
| DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT ENGINEERING | | | | | | | |
| | | | | | | | |
| HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control. | | | | | | | |
| WASTE TRANSPORTER #1 | | | | | | | |
| Name: ATC | | | | | | | |
| Address: 2 Moriches Middle Island Road | 1 | | Zip: 11967 | | | | |
| City: Shirley | Stat | e: NY | Telephone: 631-924-5050 | | | | |
| Contact Name: Kenny Smith | | | Telep | | | | |
| WASTE TRANSPORTER #2 | | | | | | | |
| Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services | | | | | | | |
| Address: 11-02 Queens Plaza South | | | Zip: 11101 | | | | |
| City: Long Island | Stat | te: NY | Telephone: 718-349-0900 | | | | |
| Contact Name: Aric Domozick | | | | | | | |
| WASTE TRANSPORTER #3 | | | | | | | |
| Name: | | | | | | | |
| Location: | Cto | ate: | Zip: | | | | |
| City: | 510 | ne. | | | | | |
| Telephone: | | | | | | | |
| Disposal Facility | | | | | | | |
| Name: Minerva Enterprises | | | 7: 44600 | | | | |
| Location: 9000 Minerva Road, SE | State: 0 | Н | Zip: 44688 | | | | |
| City: Waynesburg | | | | | | | |
| FOR EMERGENCY RENOVATIONS | | | | | | | |
| Date and Hour of Emergency (mm/dd./yy) Date and Hour of Emergency (mm/dd./yy) Date and Hour of Emergency (mm/dd./yy) | | | | | | | |
| Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: | | | | | | | |
| A RECORDITION OF DEAL PROPERTY OF THE PROPERTY | | | | | | | |
| DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND ON THE PROCEDURE TO BE FOLLOWED IN THE PROCEDURE TO BE FOUND ON THE | | | | | | | |
| I was rectedly or non-trianic Acid, which becomes a similar | | | | | | | |
| Lyace to be put in 6 mil poly page for proper disposar. | | | | | | | |
| T CERTIES THAT AN INDIVIDUAL TRAINED IN THE TROVISION OF THE REQUIRED TRAINING HAS REEN ACCOMPLISHED BY | | | | | | | |
| SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING THAT DEED THAT THE REQUIRED TRAINING THAT SEELY/1005 INSTRUMENTAL BLAND STATE OF THE PROPERTY | | | | | | | |
| THIS PERSON WILL BE AVAILABLE FOR INS | PECTION DOMING IN | 51.1 <u> </u> | | | | | |
| | 11 | <u>/03/2021</u> | | | | | |
| Signature of Owner/Operator | _ | Date | | | | | |
| I certify that the above information is correct | t | | | | | | |
| I certify that the above information | | | | | | | |
| 11/03/2021 | | | | | | | |
| Signature of Owner/Operator | | Date | | | | | |
| The state of the s | | | | | | | |
| | | | | | | | |